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VERIFI STATI	Docket No. 8416ZYX			
Ser	riei No.	Filing Date	Patent No.	Issue Date
09/2	249,003	2/12/99	Unassigned	Unassigned
Applicant/ Patentee:	Peter J. Wilson, et al.			94.1 We 1/4. 1/4.
30	A MODE TO SERVICE A SERVIC	VARIANTS OF IDURON.		
I hereby de	clare that I am an offic		behalf of the nonprofit organizet	ion Identified below:
	ORGANIZATION:	WOMEN'S AND CHILI	dren's Hospital	500 \$100
ADDRESS	OF ORGANIZATION:	72 King William Road North Adelaide		<u> </u>
		South Australia 5006		,
				(* ·
TYPE OF N	NONPROFIT ORGANI	ZATION:		\$1.50 de 2.50 m 2.50 m 2.50 m
	University or other In	stitute of Higher Education	on	en e
	Tax Exempt under In	iternal Revenue Service	Code (26 U.S.C. 501(a) and 501	
	Nonprofit Scientific o Name of State:	W.F.		
***	Would Qualify as Tax 501(c)(3)) if Locat	C. 501(a) and		
	Would Qualify as No	nprofit Scientific or Educ	cational under Statute of State of	The United States of
		d in The United States of		
	Name of State:		Citation of Statute:	
37 C.F.R. 1			zation qualifies as a nonprofit of the United States Patent and Tr	
	the specification to be	o filed horowith		NA.
	the application identif			¹⁵ 54,
	the patent identified a			: '\ *\
	the barent identified a	ibove.		etyste 12 a
-	clare that rights under to the above identified		en conveyed to and remain with	
if the right	s held by the above-	identified nonprofit orga	enization are not exclusive, ea	ch individual, concern or

If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

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Each person,	concern or	r organizat or law to a	ion to which 1 i saign, grant, cor	have assigned, granted, nvey, or license any rights	conveyed, or l s in the invention	icensed or am unden is listed below:	ir an	
nos	uch person,	, concern o	or organization e n or organization	xists.			:	
FULL NAME						\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_	
FULL NAME		Individual		Small Buelness Concern		Nonprofit Organization		
ADDRESS	0	Individual	0	Small Business Concern	0	Nonprofit Organization		
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FULL NAME ADDRESS		III ON GOOD				77 28		
•		Individual	٥	Small Business Concern	0	Nonprofit Organization	,	
I hereby deci- information at willful false st Title 18 of th	fee due afte are that all nd belief an atements a he United s ny patent is	statement believed nd the like States Coo suing there	on which status is made herein to be true; and so made are pu de, and that su	or at the time of paying as a small entity is no lost of my own knowledge as further that these statements have been been as a statement to which this verified statement to which this verified statements.	nger appropriative true and that ents were made somment, or both true may jeope	e. (37 CFR 1.28(b)) all statements made with the knowledge th, under Section 10 rdize the validity of	de on that	
TITLE IN ORGANIZATION:			Intellectual Property Manager					
ADDRESS OF	PERSON 8	BIGNING:	72 King Willin	m Road, North Adelaide,	·	06.00		
SIGNATURE:				DA ⁻	TE:/_	. 00. 00		

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